



BSW ICP Meeting in Public - Agenda

26th November 2024, 13:00-16:00, Council Chamber, County Hall, Bythesea Road,
Trowbridge BA14 8JN

Timing	No	Item title	Lead	Action	Paper ref.
13:00		Arrival and networking			
Opening Business					
13:30	1	Welcome and Apologies	Chair ICP	Note	Verbal
	2	Declarations of Interests	Chair ICP	Note	Verbal
13:35	3	Minutes from meeting held 10 July 2024	Chair ICP	Approval	ICP/24-25/003
13:40	4	Public Questions (pre-submitted)	Chair ICP	Note	Verbal
Business Items					
13:50	5	BSW Together Strategy - Excellent Health and Care Services	Rachael Backler	Discuss/ Note	Verbal / Presentations
13:55		Personalised care	Gill May		
14:05		Joined up local teams	Caroline Holmes		
14:35		Responsive local specialist teams	Heather Cooper & Clare Evans		
14:55		High quality specialist centres	Paul Doyle		
15:15		Mental health and parity of esteem	Georgina Ruddle (TBC)		
15:35		The role of the ICP to help support and drive this work going forward	Richard Collinge		
Closing Business					
15:45	6	Chairs summary and direction	Chair ICP	Note	Verbal

Next Meeting of the Integrated Care Partnership: Tuesday 25 March 2025

DRAFT Minutes of the **BSW Integrated Care Partnership Meeting** Wednesday, 10 July 2024, 1400hrs, Trowbridge County Hall and MS Teams

Attending:

Richard Clewer	ICP Chair
Anett Loescher	BSW ICB Associate Director of Governance, Compliance and Risk
Dr Emma Kain	Consultant in Public Health Swindon
Sam Perry	Public Health Specialist – Health inequalities Wiltshire
Sarah Heathcote	Health Inequalities Manager B&NES
Alison Born	Cabinet Member for Adult Services B&NES
Kate Blackburn	Director of Public Health Wiltshire
Fiona Slevin-Brown	BSW ICB Director of Place Wiltshire
Ian Green	Chair Salisbury Foundation Trust
Julian Kirby	BSW ICB NED for Public and Community Engagement
Lynn Gibson	Chief Executive Community First
Abbey Mulla	BSW ICB Head of Inequalities & Prevention Programme
Steve Maddern	Director of Public Health Swindon
Rebecca Reynolds	Director of Public Health BaNES
Pam Webb	CEO Voluntary Action Swindon
Brian Stables	AWP Non-Executive Director / Trustee Wiltshire Mind
Jane Rowland	BSW ICB Associate Director Mental Health
BSW ICB Assistant Corporate Secretary (Minutes)	

Apologies:

Sue Harriman	BSW ICB Chief Executive
Richard Collinge	BSW ICB Chief of Staff
Charlotte Hitchings	AWP Chair
Andy Purbrick	Joint Chief Executive Wessex Local Medical Committee
Gill May	Chief Nurse ICB
Kevin Guy	Leader BaNES Council Cabinet
Will Godfrey	CEO BaNES Council
William Pett	Head of Policy, Public Affairs & Research Healthwatch
Terence Herbert	CEO Wiltshire Council
Amarit Palkaur	Projects Portfolio Manager Healthwatch
Lucy Heath	BSW ICB Swindon Health and Care Professional Director
Rachael Backler	BSW ICB Chief Delivery Officer
Stephanie Elsy	ICP Deputy Chair
Alison Ryan	RUH Board Chair
Amanda Webb	BSW ICB Chief Medical Officer
Laura Ambler	BSW ICB Director of Place BaNES



Gordon Muvuti	BSW ICB Director of Place Swindon
Liam Coleman	GWH Board Chair
Stephen Ladyman	Wiltshire Health and Care Chair
Samantha Mowbray	CEO Swindon Borough Council
Stacey Sims	Healthwatch Wiltshire Manager
Amber Skyring	CEO Wessex Community Action
Alan Mitchell	Chair Healthwatch Wiltshire
Edd Rendell	Medical Director Wessex Local Medical Committee

1. Welcome and Apologies

- 1.1. The Chair welcomed members and officers to the meeting and noted apologies. Introductions to the group were made and the meeting was declared quorate.

2. Declarations of Interest

- 2.1. It was noted that Brian Stables is a trustee of Wiltshire Mind, an organisation that is in receipt of inequalities funding. No further declarations of interest were declared that related to agenda items.

3. Minutes from 12 March 2024

- 3.1. The minutes from the meeting held on the 12 March 2024 were approved as an accurate record, subject to amendments being made to minute 5b.2, 5d.6 and 5g to clarify the ICP's endorsement of hypertension as a priority area of work, and to clarify that the population Health Board does not hold an inequalities budget as such but was given authority from the BSW ICB Board to allocate inequalities funding delegated to it from the ICB Board.

4. Public Questions

- 4.1. No public questions were raised prior to the meeting or during the meeting.

5. BSW Together Strategy Fairer Health and Wellbeing Outcomes

- 5.1. Steve Maddern, Director of Public Health Swindon, opened the meeting with an introduction to the session. The session would focus on a progress update on the BSW inequality strategy objectives, and a place-based inequality projects overview across BSW..
- 5.2. It was noted that the Joint Strategic Needs Assessments had been updated and were now available on the internet; JSNAs included census data. It was further noted that the BSW inequalities work and strategy were quite unique in that they



looked beyond health and care at the wider determinants of health which indeed drove a significant share of the population's health and care needs and demands.

Progress update on the BSW inequality strategy objectives

- 5.3. Abbey Mulla, BSW ICB Head of Inequalities & Prevention Programme, presented an update on the BSW inequality strategy objectives, areas to highlight include:
- the BSW Inequalities Strategy is aligned with the national Core20PLUS5 framework to reduce healthcare inequalities.
 - Phase 1 achievements include completion and implementation of awareness plans for 2022/2023 including a training needs analysis, delivery of inequalities workshops, establishment of an online inequalities hub and resource library to support PCNs, ICS and NHS Provider;
 - approval of the terms of reference for the Population Health Board (PHB) which is accountable to the BSW ICB Board via the BSW ICB Quality and Outcomes Committee and is supported by the Inequalities Strategy Group (ISG) and Prevention Strategy Group (PSG), ; creation of a Health inequalities and Prevention Team has strengthened internal resource to facilitate delivery; establishment of the Grant Funding Group with key partners to monitor the performance of the 35 HI grants that were awarded for 2024/25;; collectively agreed Health Inequalities Delivery Plan presented to PHB in June 2024; .
 - Hypertension, which was identified by the Prevention Strategy Group (PSG) Population Health Board (PHB) and Integrated Care Partnership (ICP) as a priority was discussed at the ICB Executive Management meeting (EMM) in April 2024, a business case is in development for decision by the EMM in July 2024. Once approved this will be presented to the ICP led by the Prevention Team.
 - Establishing of the Treating Tobacco Dependency (TTD) business group with provider organisation and public health leads.
- 5.4. The ICP considered that the national view of and approach to inequalities as e.g. presented at NHS Confederation differed considerably from the BSW local view and approach which was very cognisant of the particular and at times very granular inequalities across the BSW population.
- 5.5. The group discussed the benefits of clinical advisory roles in service design and delivery.
- 5.6. The group **noted** the update.

Locality based Inequality Projects Overview



- 5.7. Dr Emma Kain, Consultant in Public Health Swindon, presented the Swindon approach to reducing inequalities in building a better and greener Swindon including an update on the spending of the Health Inequalities grant funding.
- 5.8. The update presented, in summary, Swindon's health inequalities profile:
- Nearly 22,000 people live in Swindon projected to increase by 5% between 2020 and 2030.
 - Swindon overall is ranked as the 98th most deprived area out of 151 Upper Tier Local Authorities (UTLAs) in England
 - One in three children aged 10-11 and one in four children aged 4-5 in Swindon are overweight or obese.
 - Around 86% of Swindon's population is estimated to be from a white ethnic background, with over 16,000 people from an Asian or Asian British background.
- 5.9. Health inequalities funding (HIF) investments are used to support a range of projects including grassroots community projects. A consistent methodology had been applied to evaluate bids for the inequalities funding and 17 projects had been awarded funding. Projects would be evaluated robustly when they come to an end. By way of example, the Changing Suits project was presented; the project works with the South Asian community to raise awareness of mental health, tackle stigma, and break down barriers to engaging with support services. .
- 5.10. Next steps included the Swindon Health Inequalities summit, the embedding of a systematic approach to health inequalities across Swindon's work, a focus on Swindon's Core20 areas, a focus on wider and commercial determinants of health, and the establishment of the Support Build a Fairer Swindon policy development committee
- 5.11. The group **noted** the update.
- 5.12. Sam Perry Public Health Specialist – Health inequalities Wiltshire presented Wiltshire Health Inequality Activity in 2022/2023 and 2023/2024. The update presented, in summary, Wiltshire's inequalities profile:
- There are 285 Lower layer Super Output Areas (LSOAs) of Geography in Wiltshire, 8 are in the 20% most deprived nationally.
 - The total population living in the 8 LSOA 'Urban city and town' is 13,924 which is 3% of the population.
 - The CORE20 areas (20% most deprived) were identified as Trowbridge, Chippenham, Salisbury, Melksham.
 - With regards to long-term conditions, maternity, severe mental illness, COPD, early cancer diagnosis, and hypertension require accelerated



improvement. Smoking cessation positively impacts all 5 key clinical areas, and 10.2% of people in Wiltshire (18+) are smokers (APS).

- The Wiltshire 'PLUS' groups are; Routine and Manual Workers, Gypsy, Roma, Traveler & Boater (GRTB) communities and the most deprived 20% with a focus on rurality and accessibility. For the NHS Core 20 PLUS 5 for Children and Young People (CYP), the 'PLUS' group is children from GRTB communities.

5.13. Further areas to highlight from the presented slides include:

- There is continued focus to capture more accurate data regarding maternity inequalities.
- The BSW Reducing Inequalities Strategy has been a focus in phase one.
- The Wiltshire Health Inequalities Group with the support of the Wiltshire Integrated Care Alliance Partnership Committee (WHIG) and the BSW Inequalities Strategy Group have been working collaboratively to drive good practice with Health Inequalities Funding (HIF). As in Swindon, a robust and consistent methodology had been applied to identify the 14 winning bids and award funding to them. The projects largely coincided with / would be delivered in the most deprived areas in Wiltshire.
- The Wiltshire Inequalities Team was working with Primary Care Network (PCN) with the aim of reducing health inequalities within their patient populations. Following engagement with PCNs to understand barriers and challenges for primary care to engage with the inequalities agenda, the team is developing PCN population profiles. The profiles are intended to support PCNs to identify groups who experience adverse health outcomes including the impact of the social determinants of health; to review current services and provision and consider a health inequalities lens; and to provide opportunities for PCNs to explore potential action and outlines the support available.

Noted that the Wiltshire Health Inequalities Team (HIT) will cease in January 2025.

5.14. Discussion highlighted that PCN engagement was at ca 60%, suggesting that review of approach may be needed, also to involve dental, ophthalmologic and pharmacy primary care. Noted also that there is no monetary value attached to primary care's inequalities work (albeit that it is part of the core contract), and that there was therefore no immediate and tangible incentive for primary care to engage.

5.15. The group **noted** the update.

5.16. Sarah Heathcote Health Inequalities Manager presented the health inequalities work program in Bath and North East Somerset (B&NES.) The update summarised the B&NES Health Inequalities profile:



- B&NES remains one of the less deprived local authorities in the country, albeit that two areas are within the most deprived 10% nationally.
- Life expectancy in these Core20 areas is significantly lower than average in England, premature mortality from all causes is closely associated with deprivation across the district.
- B&NES has the highest under 75 mortality rate in adults with severe mental illness.
- B&NES has a higher number of rough sleepers relative to its population size with a lower life expectancy than the general population for people sleeping rough.
- There is an Education Attainment gap between children eligible for free school meal (FSM) and non-FSM pupils at key stage 2

5.17. The BSW Inequalities strategy was being delivered in three phases in BaNES: Phase One Awareness Raising & Making Inequalities Everyone's Business was guided by the B&NES Health Inequalities Dynamic Delivery Plan; Phase Two: Tackle Healthcare Inequalities comprised the 5 NHS priorities (Restore service inclusively; Mitigate against digital exclusion; Ensure datasets are timely and complete; Accelerate preventative programmes; Leadership and accountability); and Phase 3 - Social, Economic and Environmental Factors addressed the wider determinants of health inequalities.

5.18. A total of 12 projects across adult, children and young people Core20PLUS5 healthcare inequality priority areas received Health Inequalities funding. : The fixed term posts within the health inequalities (HI) team are in place until April 2025 to develop a network of support for local systems, including community outreach leads from Royal United Hospitals Bath NHS Trust (RUH), primary care leads including BEMS (B&NES Enhanced Medical Services), and a community wellbeing hub coordinator.

5.19. Pennard Court was presented as an example of multi-agency partnership work. Pennard Court is a 35 unit supported housing residence for people with sensory (primarily hearing) impairment and/or learning difficulties, located in Twerton which is one of the localities which is among the 10% most deprived nationally (IMD). The project was identified and initiated through engagement with the local GP surgery who highlighted the needs of their LD population and the particularly low levels of uptake of vaccinations, screening and the annual health check. A full evaluation of the project has been undertaken and learning will be used to inform future projects and scale-up across B&NES.

5.20. The group **noted** the update.

5.21. **How do we celebrate success?**



- 5.22. The group discussed the need for more sophisticated use of existing levers and incentives in core contracts, Network Contract Directed Enhanced Service (DES) and Learning Support Funds (LSF.)
- 5.23. In regard to how the data packs can be used for GP practices to work differently the group discussed pathway model usage to identify strengths in approaches.
- 5.24. B&NES described use of the Health Inequality Delivery Group to progress and monitor delivery of ongoing work through key performance indicators (KPI) for commissioners.
- 5.25. The group discussed that and how the ICP could drive engagement with non-NHS stakeholders and issues / matters that are relevant re wider determinants of health such as leisure, housing, household support, employment, and affordable travel.
- 5.26. The group recognised the importance of working with NHS England and the impact of system partner schemes in ensuring health inequalities remain a focus. Noted that the NHS in BSW will inevitably and necessarily have a health focus / lens on inequalities, not least because of NHS expectations and directions regionally and nationally as to how NHS funding is to be used.
- 5.27. **Further embedding in key ICB workstreams and future resourcing**
- 5.28. The group discussed aspirations for the inclusion in ICP membership and work of representatives from organisations and sectors associated with the wider determinants of health, in particular housing. The Chair advised that he had requested the reinstatement of a housing forum for Wilts which would take a view on addressing the complex interplay of housing, inequalities and health also.
- 5.29. The group discussed that it would be useful to establish a system view of gaps and opportunities in BSW's efforts to tackle health inequalities. This would support the ICB's planning activities, incl. determination of system-level programmes' remits and deliverables.
- 5.30. The group further discussed that a key collaborative outcome to reduce inequalities is the work of the BSW Together Strategy for Fairer Health and Wellbeing Outcomes to ensure Health Inequalities remain a focus.

6. Chairs summary and direction



- 6.1 The chair concluded that health inequalities remained a challenging subject and could only be tackled and addressed through collaborative and joined-up approach of all system partners.
- 6.2 There being no further business the chair closed the meeting at 16:16 hrs

Next ICP Meeting to be held on:
26 November 2024
County Hall, Trowbridge and MS Teams